

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: _____ Housing Authority of Centre County _____ PHA Code: _PA088 HA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 01/01/2012												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _20_ Number of HCV units: _624_												
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <thead> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The PHA's mission is to serve the needs of low-income, very low-income, extremely low-income families of Centre County and (1) maintain the availability of adequate, decent, safe, affordable housing, and suitable housing, and suitable living environment without discrimination in its communities; (2) ensure equal opportunity in housing; (3) promote self-sufficiency and asset development of families and individuals; (4) improve community quality of life and economic viability. Our mission will be accomplished through a coordination of efforts and resources with local agencies, units of government, and the private sector.												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-year plan. <b>PHA Goal: Expand the supply of assisted housing.</b> <b>Objectives:</b> Apply for additional rental vouchers; Leverage private or other public funds to create additional housing opportunities (1)(Shelter Plus Care) (2) -40 units tax credit project  <b>PHA Goal: Improve the quality of assisted housing.</b> <b>Objective:</b> Improve public housing management (PHAS score); Improve voucher management (SEMAP score) Increase customer satisfaction.  <b>PHA Goal: Increase Assisted Housing Choices:</b> <b>Objectives:</b> Provide voucher mobility counseling (families are given information on portability and a housing resource list at briefing); Conduct outreach efforts to potential vouchers landlords; Posting of employment opportunities advertised in local newspaper, update flyers from Human Services Agencies.  <b>PHA Goal: Ensure Equal Opportunity in Housing for all Americans.</b> <b>Objectives;</b> undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability; Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability; undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. The HACC will work with local agencies and municipalities on an on-going basis to establish housing needs in Centre County. The HACC will work with these agencies in a collaborative effort to fill gaps in local housing needs.												
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Local Office; 121 Beaver Farm Lane, Bellefonte PA 16823 Centre County Web Site. PHA Plan Elements attached as separate pages.												

7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>Centre County faces a shortage of affordable housing for all eligible populations.</b>

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Need: Shortage of affordable housing for all eligible populations: Strategy 1:</b> The PHA will maximize the number of affordable units available to the PHA within current resources by: (1) employ effective maintenance and management policies to minimize the number of public housing units off line; (2) reduce turnover time of vacated public housing units; (3) maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction; (4) undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required; (5) maintain or increase Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration; (6) participate in the Consolidated Plan development process to ensure coordination with broader community strategies. <b>Strategy 2:</b> The PHA will increase the number of affordable housing units by: (1) apply for additional Section 8 vouchers should they become available; (2) pursue housing resources other than public housing or Section 8 tenants-based assistance.</p> <p><b>Need: Specific Family Types: Families at or below 30% of median.</b>  <b>Strategy 1:</b> The PHA will target available assistance to families at or below 30% of AMI by: (1) exceed HUD federal targeting requirements for families at or below 30% of AMI tenant based Section 8 assistance.</p> <p><b>Need: Specific Family types: Families with Disabilities</b>  <b>Strategy 1:</b> The PHA will target available assistance to families with Disabilities by: (1) apply for special purpose vouchers targeted to families with disabilities, should they become available.</p> <p><b>Need: Specific Family types: races or ethnicities with disproportionate housing needs.</b>  <b>Strategy 1:</b> The PHA will conduct activities to affirmatively further fair housing by: (1) counsel Section 8 tenants as to location of units outside the areas of poverty or minority concentration and assist them to locate those units; (2) market the Section 8 Program to owners outside the areas of poverty/minority concentrations; (3) active in Centre County Affordable Housing Coalition.</p>
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10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Housing Authority's Capital Funds are being used to provide modernization of its family units to improve the quality of assisted housing and increase resident satisfaction.</p> <p>The Housing Authority of Centre County will apply for any available Section 8 Housing Choice Vouchers to expand the supply of assisted housing. The HACC has applied for addition Family Unification program and Non-Elderly Disable vouchers. The Housing Authority has applied, and been approved for the Administrative Fee Funding for the housing Choice Family Self-Sufficiency Program Coordinator.</p> <p>The Housing Authority plans to utilize the FSS participants and past successful graduates of the FSS Program for Section 8 Housing Choice Voucher Homeownership Program; the HACC has had one participant purchase a home through the Homeownership Program.</p> <p>The Housing Authority has begun leasing up its (40) unit tax credit project</p> <p>The Housing Authority has been successful in administering its Shelter Plus Care Program.</p> <p>The Housing Authority has met its goal in maintaining High Performer status for SEMAP.</p> <p>The Housing Authority has opened its wait list for the Section 8 Voucher Program.</p> <p>The Housing Authority is working with MH/MR in setting up a position for a (housing needs coordinator) a three year grant funded through the state.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>A. <b>Significant Amendment:</b> The HACC will consider the following significant amendments to the Annual Plan:</p> <ol style="list-style-type: none"> <li>1. Changes to rent or admissions policies or organization of the wait list;</li> <li>2. Additions of non-emergency work items; Any non-emergency work item not to exceed \$20,000.00 would constitute a substantial deviation ( Items not included in the current annual statement or five year action plan) or change in replacement reserve funds under the Capital Fund;</li> <li>3. Addition of new activities not included in the current CFP plan (not to exceed \$20,000.00 would constitute a substantial deviation);</li> <li>4. Any change with regard to demolition or disposition, designation, homeownership program, or conversions activities.</li> </ol> <p>B. <b>Substantial Deviation:</b> The HACC will consider any changes in the Annual Plan that do not coincide with the mission statement or established goals of the five year plan to be a substantial deviation.</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## **Instructions form HUD-50075**

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### **1.0 PHA Information**

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### **2.0 Inventory**

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### **3.0 Submission Type**

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### **4.0 PHA Consortia**

Check box if submitting a Joint PHA Plan and complete the table.

### **5.0 Five-Year Plan**

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### **PHA Plan Elements.** (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

## 7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

### (a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

### (b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

[http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)

**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

### (c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- 1. At the end of the program year; until the program is completed or all funds are expended;
- 2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- 3. Upon completion or termination of the activities funded in a specific capital fund program year.

### 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**
- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 3/31/2014

<b>Part I: Summary</b>					
<b>PHA Name: Centre County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26P08850112 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> 24893 <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	21893			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3000			
5	1411 Audit	1000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1000			
8	1440 Site Acquisition				
9	1450 Site Improvement	5000			
10	1460 Dwelling Structures	6000			
11	1465.1 Dwelling Equipment—Nonexpendable	4000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.





Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Centre County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26P08850112 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2012</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:           )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	41893			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	2000			
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

## Part II: Supporting Pages

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



[illegible]**Instructions** form **HUD-50075** (2008)

**Part I: Summary PHA Name: Centre County Housing FFY of Grant: 2011 Grant Type and Number Authority FFY of Grant Approval:**

Capital Fund Program Grant No: PA26P08850111

Replacement Housing Factor Grant No:

Date of CFFP:

**Type of Grant Original Annual Statement Reserve for Disasters/Emergencies**

**Revised Annual Statement (revision no: )**

**Performance and Evaluation Report for Period Ending:**

**Final Performance and Evaluation Report Line**

**Summary by Development Account Total Estimated Cost**

			Total Actual Cost <sup>1</sup> Original	
			Obligated Expended	Revised <sup>2</sup>
1 Total non-CFP Funds				
2 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	19893	10,004	10,004	
3 1408 Management Improvements				
4 1410 Administration (may not exceed 10% of line 21)	3500	3000	3000	
5 1411 Audit	1000		1000	
6 1415 Liquidated Damages				
7 1430 Fees and Costs	1000		1000	
8 1440 Site Acquisition				
9 1450 Site Improvement	4000		4000	
10 1460 Dwelling Structures	11000		11000	
11 1465.1 Dwelling Equipment—Nonexpendable	1500	1000	1000	
12 1470 Non-dwelling Structures				
13 1475 Non-dwelling Equipment				
14 1485 Demolition				
15 1492 Moving to Work Demonstration				
16 1495.1 Relocation Costs				
17 1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name: Centre County Housing authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26P08850111 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2011 FFY of Grant Approval:</b>	
<b>Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending:</b>					
<b>Revised Annual Statement (revision no: ) Final Performance and Evaluation Report</b>					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost 1</b>	
		<b>Original</b>	<b>Revised 2</b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 -19)	41893	31004	31004	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director Date</b>			<b>Signature of Public Housing Director Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**



[illegible]

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

## Part II: Supporting Pages







Part I: Summary						
PHA Name/Number:			Locality (City/County & State):		<input checked="" type="checkbox"/> Original 5 Year Plan	Revision No:
A	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Schedule	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
C.	Management Improvements	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
D.	PIA-Wide Non-dwelling Structures and Equipment	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
E.	Administration	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
F.	Other	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
G.	Operations	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	41893	41893	41893	41893
H.	Acquisition	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
I.	Development	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
J.	Capital Fund Financing - Debt Service	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
K.	Total CFP Funds	■ ■ ■ ■ ■ ■ ■ ■ ■ ■				
L.	Total Non-CFP Funds					
M.	Grand Total					

**Part 1: Summary (Continuation)**[illegible]

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**Part II: Supporting Pages – Physical Needs Work Statement(s)**

[illegible]

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**Part II: Supporting Pages – Physical Needs Work Statement(s)**

[illegible]



**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY	Work Statement for Year FFY		Work Statement for Year: FFY	
	Development Number/Name General Description of Major Work Categories:	Estimated Cost	Development Number/Name General Description of Major Work Categories:	Estimated Cost
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

**Capital Fund Program—Five-Year Action Plan**    U.S. Department of Housing and Urban Development Office of Public and Indian Housing    Expires 4/30/20011

### Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				

[illegible]

Page 6 of 6 form HUD-50075.2 (4/2008)

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund  
Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund  
Financing Program OMB No. 2577-0226 Expires 4/30/2011

**Part I: Summary PHA Name: Centre County Housing FFY of Grant: 2010 Grant Type and Number Authority FFY of Grant Approval:**

Capital Fund Program Grant No: PA26P08850110

Replacement Housing Factor Grant No:

Date of CFFP:

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies

**Revised Annual Statement (revision no:01 )**

### Performance and Evaluation Report for Period Ending:

### Final Performance and Evaluation Report Line

### Summary by Development Account Total Estimated Cost

**Total Actual Cost<sup>1</sup> Original**

Obligated Expended Revised<sup>2</sup>

1 Total non-CFP Funds

2 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	37314	37314	35935.09
3 1408 Management Improvements			
4 1410 Administration (may not exceed 10% of line 21)	0		
	0		
6 1415 Liquidated Damages			
7 1430 Fees and Costs			
8 1440 Site Acquisition			
9 1450 Site Improvement	0		
10 1460 Dwelling Structures	0		
11 1465.1 Dwelling Equipment—Nonexpendable	0		
12 1470 Non-dwelling Structures	0		
13 1475 Non-dwelling Equipment			
14 1485 Demolition			
15 1492 Moving to Work Demonstration			
16 1495.1 Relocation Costs			
17 1499 Development Activities <sup>4</sup>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**

<b>Part I: Summary</b>		
<b>PHA Name: Centre County Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: PA26P08850110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010 FFY of Grant Approval:</b>
<b>Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending:</b>		
<b>Revised Annual Statement (revision no: 01 ) Final Performance and Evaluation Report</b>		

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 -19)	41893	37314	37314	35935.09
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Date		Signature of Public Housing Director Date			

<sup>1</sup>

To be completed for the Performance and Evaluation Report.

<sup>2</sup>

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup>

PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup>

RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement  
Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**

Part II: Supporting Pages								
PHA Name: Centre County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P08850110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PA088	Operations	1406		37314		37314	3935.09	In progre ss
PA088	Administration	1410		0				
PA088	Audit/year end	1411		0				

PA088	Fees/costs/engineer	1430		0				
PA088	Lighting/office & community room	1470	6 units	0				
PA088	replace AC condensers	1465	2 units	0				
PA088	replace exterior doors and frames	1460	20 units	0				
PA088	replace carpet/linoleum/tile	1460	3 units	0				
PA088	landscaping/shrubs, trees/mulch	1450	150 sq ft	0				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. <sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name:		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

[illegible]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. <sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**[illegible]

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**[illegible]


<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>						
PHA Name/Number		Location (City/County & State)			<input type="checkbox"/> Original 5 Year Plan	<input checked="" type="checkbox"/> Revision No. 01
A	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	18500				
C.	Management Improvements					
D.	PIA-Wide Home-dwelling Structures and Equipment					
E.	Administration	9500	1893	4893	4893	
F.	Other	2000				
G.	Operations	8075				
H.	Expansion					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					



**Part I: Summary (Continuation)**

PHA Name/Number		Locality (City/County & State)		<input type="checkbox"/> Original 5 Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name (Include County Housing Authority)	Work Statement for Year 1 F-Y ____	Work Statement for Year 2 F-Y ____	Work Statement for Year 4 F-Y ____	Work Statement for Year 5 F-Y ____
		Operations	Operations	Operations	Operations
		Administration	Administration	Administration	Administration
		Exterior Paint	Replace doors and drawers	Replace doors and drawers	Replace doors and drawers
		Replace carpet	Replace carpet	Replace carpet	Replace carpet
		Replace ranges	Replace ranges	Replace ranges	Replace ranges
		Audit	Audit	Audit	Audit
		Consultant	Consultant	Consultant	consultant
		Landscaping	Landscaping	Landscaping	Landscaping
		Repair sidewalks	Repair sidewalks	Repair sidewalks	Repair sidewalks
		Repair water pumps	Replace hot water tanks	Replace zone valves	Replace zone valves

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

[illegible]

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**Part II: Supporting Pages – Physical Needs Work Statement(s)**

[illegible]

**Part III: Supporting Pages – Management Needs Work Statement(s)**[illegible]

**Capital Fund Program—Five-Year Action Plan**    U.S. Department of Housing and Urban Development Office of Public and Indian Housing    Expires 4/30/20011

### Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				

[illegible]

Page 6 of 6 form HUD-50075.2 (4/2008)

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund  
Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund  
Financing Program OMB No. 2577-0226 Expires 4/30/2011

**Part I: Summary PHA Name: Centre County Housing FFY of Grant: 2009 Grant Type and Number Authority FFY of Grant Approval: 2009**

Capital Fund Program Grant No: PA26P08850109

Replacement Housing Factor Grant No:

Date of CFFP:

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies

Revised Annual Statement (revision no: )

### Performance and Evaluation Report for Period Ending:

## Final Performance and Evaluation Report

Line

### Summary by Development Account Total Estimated Cost

**Original**

**Total Actual Cost**<sup>1</sup>

			Obligated	Expended	Revised <sup>1</sup>
1 Total non-CFP Funds					
2 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	6183	18347	18347	9071.20	
3 1408 Management Improvements					
4 1410 Administration (may not exceed 10% of line 21)	4183	3767	3767	3767	
5 1411 Audit	1500	1500	1500	1500	
6 1415 Liquidated Damages					
7 1430 Fees and Costs	2000	1000	1000	1000	
8 1440 Site Acquisition					
9 1450 Site Improvement	3000	2637	2637	2637	
10 1460 Dwelling Structures	9863	4416	4416	4416	
12 1470 Non-dwelling Structures					
13 1475 Non-dwelling Equipment	12164 3000	6000 0	6000 0	6000 0	
14 1485 Demolition					
15 1492 Moving to Work Demonstration					
16 1495.1 Relocation Costs					
17 1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**

Part I: Summary		
PHA Name: Centre County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P08850109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009

<b>Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending:</b>					
<b>Revised Annual Statement (revision no: 02 ) Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 -19)	41893	37667	37667	28595.80
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures		12164		
<b>Signature of Executive Director Date</b>			<b>Signature of Public Housing Director Date</b>		

<sup>1</sup>

To be completed for the Performance and Evaluation Report.

<sup>2</sup>

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup>

PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup>

RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: Centre County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P08850109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

PA088	Operations	1406		6183	18347	18347	9071.20	on going
PA088	Administration	1410		4183	3767	3767	3767	completed
PA088	audit/year end	1411		1500	1500	1500	1500	completed
PA088	Fees/costs/architect/engineer	1430		2000	1000	1000	1000	completed
PA088	Landscaping, remove trees, brush, mulch	1450	250 sq ft	3000	2637	2637	2637	complete
PA088	replace carpet/linoleum	1460	180 sq ft	3000	2385.04	3416	2385.04	complete move bal. to 1406
PA088	replace doors and drawers	1460	2 units	1000	1000	1000	1000	complete
PA088	16X20 shed with slab	1465	1 unit	2000	6000	6000	6000	complete
PA088	AC condenser units	1465	5 units	7164	0	0	0	move bal. 1406
PA088	replace hot water tanks	1465	2 units	5000	0	0	0	move bal. to 1406
PA088	exterior painting	1460	300 sq ft	3000	0	0	0	n/a
PA088	replace windows	1460	4 units	863	0	0	0	n/a
PA088	shed 12X16	1460	1 unit	3000	0	0	0	n/a
	move from 1460 \$1030.96 to 1406							
	move from 1465 \$7164 to 1406							
	move from 1465 \$5000 to 1406							
	move from 1430 \$325 to 1406							

<sup>1</sup> To be completed for the Performance and the Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and the Evaluation Report.

Page3 form **HUD-50075.1** (4/2008) Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**

**Part II: Supporting Pages**





**Expires 4/30/2011**[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program OMB No. 2577-0226

**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>	
PHA Name:	<b>Federal FFY of Grant:</b>



Part I: Summary						
PHA Name/Number			Locality (City/County & State)		<input type="checkbox"/> Original 5 Year Plan	<input checked="" type="checkbox"/> Revision No: 01
A	Development Number and Name	Work Statement for Year 1 FFY	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2012
B.	Center County Housing Authority Physical Improvements Shedda	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15527	15527	3710	7000
C.	Management Improvements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
D.	PIA-Wide Non-dwelling Structures and Equipment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11000	10000	23000	18000
E.	Administration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4183	4183	4183	4183
F.	Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2000	4000	4000
G.	Operations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4183	2183	7000	8710
H.	Acquisition	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
I.	Development	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
J.	Capital Fund Financing - Debt Service	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
K.	Total CFP Funds	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	41593	41593	41593	41593
L.	Total Non-CFP Funds	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
M.	Grand Total	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11393	11393	47893	11393

**Part I: Summary (Continuation)**[illegible]



[illegible]

**Part III: Supporting Pages – Management Needs Work Statement(s)**[illegible]

**Capital Fund Program—Five-Year Action Plan**    U.S. Department of Housing and Urban Development Office of Public and Indian Housing    Expires 4/30/20011

### Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				



